

**Elevating Device Accident Report**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
Elevator Safety Division  
P.O. Box 30254, Lansing, MI 48909  
Telephone: 517-241-9337 Fax: 517-487-1111  
E-Mail: elevsafety@michigan.gov  
www.michigan.gov/bcc

**DO NOT SUBMIT WITHOUT  
STATE SERIAL NUMBER**

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Authority: 1967 PA 227	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Penalty: Failure to provide the information may result in the accident not being reported.	

**Instructions:** According to R 408.7006, the holder of a Certificate of Operation shall notify the department within 48 hours of every accident involving personal injury or damage to the elevator. The department may investigate all such accidents. Complete all items listed and submit to the address listed above.

**ELEVATOR LOCATION INFORMATION**

ELEVATOR LOCATION (Building Name)			
LOCATION (Address)		CITY	ZIP CODE
DATE OF ACCIDENT	NUMBER OF INJURED PERSONS	DEVICE TYPE	ESCALATOR DIRECTION OF TRAVEL <input type="checkbox"/> 1. UP <input type="checkbox"/> 2. DOWN
ACCIDENT TYPE	ACCIDENT CAUSE		DAMAGE TO DEVICE
<input type="checkbox"/> 1. FATAL <input type="checkbox"/> 2. NON-FATAL	<input type="checkbox"/> 1. TRIPPING <input type="checkbox"/> 3. STRUCK BY DOOR <input type="checkbox"/> 5. CAUGHT IN ESCALATOR <input type="checkbox"/> 2. ELEVATOR FALLING <input type="checkbox"/> 4. UNLEVEL ELEVATOR DOOR <input type="checkbox"/> 6. FALL DOWN ELEVATOR SHAFT <input type="checkbox"/> 7. ELEVATOR STUCK (HEART) <input type="checkbox"/> 8. OTHER _____		<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO

**INJURIES**

NAME OF PERSON INJURED	NAME OF PERSON INJURED
NAME OF PERSON INJURED	NAME OF PERSON INJURED

**ACCIDENT DESCRIPTION**

SIGNATURE OF PERSON REPORTING	NAME OF FIRM	TELEPHONE NUMBER (Include Area Code)